

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041273

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 328

Primary Registration District No. 3073

Registrar's No. 48

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 48
FILED NOV 7 1962

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		c. CITY OR TOWN COLE RIDGE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 114 GRAY AVE.		d. STREET ADDRESS (If outside, give location) RFD#2 Blytheville, ARK.	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle HENRY Last DUNCAN		4. DATE OF DEATH Month OCT. Day 20 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH FEB. 12, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET)		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11a. FATHER'S NAME JOHN DUNCAN		11b. MOTHER'S MAIDEN NAME MARTHA BARNES	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12b. SOCIAL SECURITY NO. NONE	
13a. FATHER'S NAME JOHN DUNCAN		13b. MOTHER'S MAIDEN NAME MARTHA BARNES	
14a. NAME OF HUSBAND OR WIFE LUICITA ANN DUNCAN		14b. NAME OF HUSBAND OR WIFE LUICITA ANN DUNCAN	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Bilateral Renal Failure DUE TO (c) Benign Prostatic Hypertrophy		INTERVAL BETWEEN ONSET AND DEATH 1 week 1 month 3 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Blytheville, ARKANSAS		
21. I attended the deceased from 1958 to 20 Oct 62 and last saw him alive on 20 Oct 62 Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) RE Jubble MD	
22b. ADDRESS Chaffee, Mo		22c. DATE SIGNED 20 Oct 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT. 23, 1962	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24. FUNERAL DIRECTOR HOWARD FUNERAL SERVICE - Blytheville, ARK.		25. DATE RECD. BY LOCAL REG. OCT. 31 - 1962	
26. REGISTRAR'S SIGNATURE Mrs. Mabel Buggley		27. REGISTRAR'S SIGNATURE Mrs. Mabel Buggley	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. L. Howard

Licensed Embalmer No.

3959

P. O. Address

Blytheville, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.